

Donna Roberts  
4/2/2024

Page: 1

1 IN THE UNITED STATES DISTRICT COURT  
2 FOR THE NORTHERN DISTRICT OF OKLAHOMA  
3  
4 ASHLEY MYERS, et al., )  
5 Plaintiffs, )  
6 -vs- ) No. 22-CV-00119-TCK-JFJ  
7 BOARD OF COUNTY COMMISSIONERS )  
8 OF ROGERS COUNTY, et al., )  
9 Defendants. )  
10  
11 **CERTIFIED COPY**  
12 \* \* \* \* \*

13 DEPOSITION OF DONNA ROBERTS  
14 TAKEN ON BEHALF OF THE PLAINTIFFS  
15 IN OKLAHOMA CITY, OKLAHOMA  
16 ON APRIL 2, 2024  
17 COMMENCING AT 10:30 A.M.  
18 \* \* \* \* \*

19  
20  
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26 REPORTED BY: BETH A. MCGINLEY, CSR, RPR, RMR

**EXHIBIT**

tabbies®

**1**

Donna Roberts  
4/2/2024

Page: 8

1 Q What is your position with Turn Key?

2 A Chief nursing officer.

3 Q Okay. And how long have you been employed  
4 with Turn Key in that capacity?

5 A I've been chief nursing officer coming up on  
6 two years, I believe.

7 Q Okay. So it's 2024. You're saying you became  
8 chief nursing officer in 2022 sometime?

9 A I believe it was around May of '22, yes.

10 Q Okay. Prior to May of '22, were you employed  
11 with Turn Key?

12 A Yes, sir.

13 Q What capacity?

14 A I was the VP of operations from September of  
15 2019 until the -- May of '22, when I promoted to CNO.

16 Q Okay. So -- I don't know why I cannot  
17 remember this.

18 But this event occurred on November 7th of  
19 2019. You would have been employed at Turn Key as the  
20 VP of operations during that time. True?

21 A Yes.

22 Q Okay. And prior to September of 2019, were  
23 you employed at Turn Key?

24 A Yes. I hired on in March of 2018. I started  
25 as CQI nurse, then promoted to DON, and then to HSA, and

Donna Roberts  
4/2/2024

Page: 32

1                   So you would agree that the Turn Key nurses,  
2   the LPNs that are in there doing the bookings, observing  
3   the -- the incarcerated individuals, they need to be  
4   able to identify and distinguish the difference between  
5   someone who's under the influence and just being  
6   obstinate versus somebody who is suffering from a  
7   serious physical or mental health condition which may  
8   require treatment, even emergency treatment?

9                   MR. WINTER: Form.

10          A       Yes. I would expect my nurses to be able to  
11       ask some questions, take some vital signs and -- and get  
12       a -- some information. If they are not comfortable  
13       being able -- you know, if they don't feel like they  
14       have the information, you know, they need to make the  
15       decision, like, "Yes, this person is cleared to -- we  
16       can take them," or, "No, they need to go to the hospital  
17       for clearance." They have a provider that they can  
18       call for -- to ask for guidance and further assistance.

19                   But, initially, yes, they -- they should be  
20       able to -- to do that.

21          Q       (By Mr. Hicks) Okay. And why -- and that's  
22       important, because not being able to do that may lead  
23       to --

24          A       Someone coming into the facility who's not  
25       medically stable.

Donna Roberts  
4/2/2024

Page: 33

1           Q     Right. Who could then have a serious injury  
2     or die --

3           A     Correct.

4                   MR. WINTER: Form.

5           Q     (By Mr. Hicks) -- theoretically?

6                   Are Turn Key LPNs qualified to make those  
7     assessments?

8           A     Yes, sir.

9           Q     And you expect -- Turn Key expects -- or you,  
10    as the chief nursing officer, expects that those LPNs  
11    will make those assessments between someone who has a  
12    serious mental or physical condition versus someone  
13    who's just intoxicated and obstinate?

14                  MR. WINTER: Form.

15           A     Well, they're not mental health professionals,  
16    so they can't make any kind of mental health diagnosis.  
17    But I do expect them to be able to look at a situation  
18    and be able to determine whether, "Yes, they can come  
19    in," or, "No, they know that this is above what we can  
20    do" inside the facility.

21                  While we try to keep people in-house as much  
22    as we can, we are not an emergency room, we are not --  
23    you know, there are just some things that we cannot take  
24    care of, and I expect them to be able to make that  
25    decision.

Donna Roberts  
4/2/2024

Page: 34

1                   And, again, if they have questions and need,  
2 you know, some further guidance, they have people  
3 available to them to ask for assistance.

4                   Q     (By Mr. Hicks) And certainly somebody who's  
5 showing signs of mental instability, like they're  
6 talking to themselves, they're not coherent, they have  
7 defecated or urinated themselves, they just appear to be  
8 unstable in that way, it would be required that the LPN  
9 contact a healthcare provider to obtain some guidance.

10          True?

11                   MR. WINTER: Form.

12          A     Yes, they can always contact a provider with  
13 any questions. They have a medical provider they can  
14 contact. If they have a seriously mental ill patient,  
15 we have mental health providers that we can contact as  
16 well.

17          Q     (By Mr. Hicks) And certainly you wouldn't  
18 expect -- you would expect them to contact those  
19 providers to obtain that guidance. True?

20                   MR. WINTER: Form.

21          A     Yes, sir.

22          Q     (By Mr. Hicks) And the failure to do so would  
23 be against Turn Key's standards. True?

24                   MR. WINTER: Same.

25          A     Yes. My expectation is that those resources

Donna Roberts  
4/2/2024

Page: 35

1 are available to them, I want them to use them.

2 Q (By Mr. Hicks) Why is that important, that,  
3 say, an LPN, who comes across somebody, you know,  
4 exhibiting those signs and symptoms, contacts someone  
5 like an RN or, I guess -- well, let me back up.

6 What is an HCP?

7 A Healthcare provider. It could be our nurse  
8 practitioners or our physicians.

9 Q Okay. So at least a nurse practitioner,  
10 possibly a doctor?

11 A Correct.

12 Q RNs would not qualify as an HCP?

13 A No.

14 Q Okay. So why is it important for an LPN to  
15 contact an HCP under the circumstances that I described?

16 MR. WINTER: Form.

17 A If they are seeing something that... on our  
18 fit guidelines, we have criteria, say, for someone  
19 having chest pain.

20 Well, a lot of our people that we have coming  
21 in, they have -- they don't take their med --  
22 medications, they're homeless, you know, they're not  
23 taking care of themselves, so they -- they may acclimate  
24 and it may be normal for them to run, say, a blood  
25 pressure of 150 or 160 over 130 or 80 or 90.

Donna Roberts  
4/2/2024

Page: 66

1       sure they understood the question and determining  
2       whether they're incapable of doing -- answering the  
3       question or they're just refusing.

4           I mean, they should be able to tell the  
5       difference between someone that's under the influence  
6       and is not processing, at the moment, the answer, as to  
7       someone who's mad and is just refusing to answer, you  
8       know.

9           So I expect them to be able to -- to note that  
10      difference. And if an officer said, "Well, they said  
11      this," then I would expect a follow-up, yes.

12       Q      You certainly wouldn't expect them just to  
13      check the "no" box in order just to --

14       A      No.

15           MR. WINTER: Form.

16       Q      (By Mr. Hicks) -- move them down the line?

17       A      Correct.

18       Q      And why is that? Why would you want them to  
19      follow up, as opposed to just simply checking on the  
20      "no" box?

21       A      Because when we don't gather all the  
22      pertinent, correct information, we don't have the tools  
23      we need to make sure that that patient is getting the  
24      services that they need.

25       Q      Right. And those type of people who are

Donna Roberts  
4/2/2024

Page: 67

1 suffering from apparent mental health issues, who have  
2 either not answered or even, potentially, said "yes" to  
3 thinking of hurting themselves, there's a greater  
4 likelihood that they're going to hurt themselves while  
5 they're incarcerated, that something is going to happen.  
6 True?

7 MR. WINTER: Form.

8 Q (By Mr. Hicks) I mean, we have to be aware  
9 that we've got somebody in a situation and we're trying  
10 to avoid having that person be hurt or hurt someone  
11 else?

12 A Correct.

13 MR. WINTER: Same.

14 Q (By Mr. Hicks) And that's why we're asking the  
15 question?

16 A Correct.

17 Q Because that puts us on notice that, "Hey,  
18 there could be an incident where this person acts  
19 erratically and does something that could cause injury  
20 to themselves or others down the -- down the road, you  
21 know, during their incarceration, and we want to know  
22 that stuff ahead of time"?

23 A Yeah, I expect --

24 MR. WINTER: Same.

25 A -- my nurses to be as thorough as possible

**Donna Roberts**  
**4/2/2024**

Page: 68

1 when answering -- or asking the questions.

2 Q (By Mr. Hicks) And simply to say "no", in a  
3 section like that, would leave that individual, the  
4 mentally ill person, who's maybe suffering a mental  
5 health crisis at that point -- would leave them more  
6 vulnerable to subsequent uses of, say, excessive force  
7 or incidences where they might act out in a way that  
8 would cause injury to themselves or others?

9 MR. WINTER: Form. Calls for speculation.

10 A I mean, it's -- it's hard to determine what a  
11 person might do, but I do expect my nurses to be as  
12 thorough as possible. And, you know, the nurse can ask  
13 all the right questions and a patient can be  
14 incarcerated and still, you know, make a decision later.

15                   o       (By Mr. Hicks) Uh-huh.

16 A And the nurse did everything right.

17                   But my expectation is that my nurses are  
18 thorough, that they ask the questions, that we are not  
19 just checking yeses or nos, because that -- that's not  
20 acceptable.

21 Q And I guess my question is, is why -- I am  
22 thinking that's not acceptable because it leads to a  
23 likelihood of injury or death or something bad happening  
24 to either the incarcerated person or to the staff and  
25 jailers.

Donna Roberts  
4/2/2024

Page: 69

1 A That is correct, it could --

2 MR. WINTER: Form.

3 A It could happen, yes.

4 Q (By Mr. Hicks) Okay. I mean, I guess the  
5 other way of saying it is: Why are we asking those  
6 questions?

7 A To prevent.

8 Q To prevent what?

9 A To prevent -- or to try to prevent injury to  
10 one's self or injury to, you know, another person.

11 We -- our job is to try to keep them safe and  
12 provide the medical care that -- that they deserve and  
13 require.

14 The nurses are taught that, specific in  
15 suicides, if they make one thing -- if they make one  
16 statement that gives you cause that -- "would they  
17 stop -- would they hurt themselves" -- my thing is to  
18 err on the side of caution and, yes, if they made you  
19 pause to think, "Are they thinking about hurting  
20 themselves?" then, yes, I'm going to put them on suicide  
21 watch. Just --

22 Q Uh-huh.

23 A -- it's better to be safe than, you know, get  
24 home and come in the next day and say, "Hmm, they said  
25 that and I just -- I thought maybe they didn't and they

Donna Roberts  
4/2/2024

Page: 70

1       wouldn't, but" -- you know.

2           Q      Uh-huh.

3           A      So that's how I -- when I'm talking to my  
4       nurses about it, that's how I educate.

5           Q      And so, certainly, a failure to do those  
6       things would be a violation of the Turn Key policies, as  
7       you understood them as VPO back then?

8           A      Yes.

9                  MR. WINTER: Same.

10          Q      (By Mr. Hicks) And it would be a violation of  
11       nursing standards, in general, as you understood them as  
12       a registered nurse?

13                  MR. WINTER: Same.

14          A      Yes.

15          Q      (By Mr. Hicks) And since you had mentioned,  
16       you know, "We don't want to be the next day having  
17       assumed something, it's better just to take the safest  
18       approach" --

19          A      Uh-huh.

20          Q      -- "if somebody is not answering, we don't  
21       want to just assume that they're okay and go ahead and  
22       book them in or accept them in, we want to take the  
23       safest approach."

24                  MR. WINTER: Form.

25          Q      (By Mr. Hicks) True?

Donna Roberts  
4/2/2024

Page: 75

1 uses to verify what training is provided and when it's  
2 provided to a new hire?

3 MR. WINTER: Form.

4 A Yes, this is our checklist from 2019 that we  
5 were using.

6 Q (By Mr. Hicks) And you would agree that the  
7 category that says "day completed" is -- shows when the  
8 actual training was completed, the day it was  
9 completed --

10 MR. WINTER: Form.

11 Q (By Mr. Hicks) -- for each category?

12 A It says "date completed," but it could have  
13 been maybe that's just the date they completed signing  
14 off when they did their follow-up on it. Sometimes,  
15 they do it as they're going through it right then.

16 Q Uh-huh.

17 A Sometimes, depending on the nurse and her  
18 orientation and her -- you know, that they -- as they go  
19 through things and they complete it, they will date it  
20 then. But it looks like they just signed off on this  
21 all on the same day.

22 Q You would agree with Dr. Cooper that it's  
23 important to -- I deposed him, as well, in this -- it's  
24 important to do this training at the beginning of  
25 employment. True?

Donna Roberts  
4/2/2024

Page: 76

1 MR. WINTER: Form.

2 A Yes. Orientation is at the beginning of their  
3 employment, yes.

4 Q (By Mr. Hicks) And that failure to do it at  
5 the beginning of employment could allow a new hire to  
6 develop certain habits and practices that are in  
7 violation of Turn Key standards --

8 MR. WINTER: Same.

9 Q (By Mr. Hicks) -- as they've worked there over  
10 a period of months, without the orientation?

11 MR. WINTER: Same.

12 A Yes, all of our staff should go through the  
13 orientation before they're working on the floor.

14 Q (By Mr. Hicks) And that this form is the only  
15 way to verify what training is provided and when it's  
16 provided?

17 MR. WINTER: Form.

18 A At this point in time, I believe this was the  
19 only form that they're using for orientation, yes.

20 Q (By Mr. Hicks) So the only written  
21 documentation that would exist regarding whether -- in  
22 this instance, Ms. Kylee Foster -- when and what she was  
23 trained on, is contained in this form?

24 MR. WINTER: Form, foundation.

25 A Correct, this is the only document that I --

**Donna Roberts**  
**4/2/2024**

Page: 77

1 Q (By Mr. Hicks) And --

2 A -- that we have, as to my knowledge.

3 Q And the third column is indicated that it  
4 should be the date that the actual training is  
5 completed. True?

6 MR. WINTER: Same.

7 Q (By Mr. Hicks) It says -- it, literally, says  
8 "day completed"?

9 A Yes.

10 Q And so based on all of the written  
11 documentation available, it appears that the date  
12 completed, for all of these categories of training,  
13 would be 10/2/19?

14 MR. WINTER: Same.

15 A According to this, yes.

16 Q (By Mr. Hicks) And doing so would be in  
17 violation of Turn Key's policies and practices. True?

18 MR. WINTER: Sorry. Doing -- doing --

19 A Yes, this --

20 MR. WINTER: -- doing so? Is that what you  
21 said?

22 MR. HICKS: That's what I said.

23 MR. WINTER: Okay. Form.

24 MR. HICKS: You know that I'm referring to --

25 let me -- I'll just ask it a different way --

Donna Roberts  
4/2/2024

Page: 93

1 where she's already -- she's observed it and she's felt  
2 comfortable enough for her safety to approach the  
3 situation and give advice on how to restrain the  
4 individual.

5 A Okay.

6 MR. WINTER: Form.

7 Q (By Mr. Hicks) Okay?

8 Under that circumstance, would you agree that  
9 this policy, if during that conversation about  
10 restraint, she noticed that there was -- that the health  
11 of the inmate was being jeopardized, that under this  
12 policy, she would have a duty to communicate that?

13 MR. WINTER: Same.

14 A Yes.

15 Q (By Mr. Hicks) She can't just sit idly by  
16 while somebody, who is notably struggling and moving and  
17 loudly snorting, when they're in a prone restraint  
18 situation, then goes limp, is no longer making breathing  
19 sounds, is no longer moving, is no longer talking, and  
20 has become to the point where even the nurse and other  
21 officers are questioning whether she's breathing or is  
22 conscious, she cannot just stand --

23 A No --

24 MR. WINTER: Form.

25 Q -- by --

Donna Roberts  
4/2/2024

Page: 94

1 A She has to be involved in that point.

2 MR. WINTER: Again, I don't know if he was  
3 finished or not.

4 THE WITNESS: Sorry.

5 MR. WINTER: Make sure he's finished. I think  
6 you knew where he was going, but so the record's clear.

7 MR. HICKS: You're doing fine. I thought you  
8 were -- I was finished. I thought you did fine. But he  
9 did want to say "form," so...

10 MR. WINTER: And I thought you were still  
11 going and I didn't mean it as a slight. I just thought  
12 you were still going, so I didn't want her to step on  
13 your toes.

14 Q (By Mr. Hicks) She should step in at that  
15 point, is what you said. Right?

16 MR. WINTER: Form.

17 A Yes.

18 Q (By Mr. Hicks) Okay. And what would you --  
19 you would expect her to -- well, let me back up.

20 Does Turn Key provide -- you're aware of the  
21 dangers of prone restraint --

22 A Uh-huh.

23 Q -- true?

24 MR. WINTER: Same.

25 A Yes, sir.

Donna Roberts  
4/2/2024

Page: 96

1           A      Uh-huh.

2           Q      (By Mr. Hicks) They talk about, you know, kind  
3       of the dangers of -- to the person being restrained?

4           A      Right.

5           Q      Did they tell you about that when you were  
6       being on-boarded?

7                   MR. WINTER: About the George Floyd situation  
8       or just generally?

9                   MR. HICKS: Well, as I mentioned, that hadn't  
10       occurred there, but I was just trying to use it as a  
11       descriptive way of --

12                  MR. WINTER: Okay. Form.

13                  A      I don't remember specifically what all was  
14       involved in the training in -- I mean, I -- to speak  
15       specifically to that, I don't recall.

16                  Q      (By Mr. Hicks) As of September of 2018, when  
17       you were VPO, did you expect that the new hires, new  
18       LPNs would be taught about the specific dangers to the  
19       person being held in a prone restraint, including  
20       asphyxiation and cardiac arrest, under certain  
21       circumstances?

22                  MR. WINTER: Form.

23                  A      As part of their orientation, yes, we should  
24       be -- they should be covering restraints. And when  
25       they're used -- medical doesn't order restraints, we

Donna Roberts  
4/2/2024

Page: 97

1 just monitor the patient when detention uses them.

2 And, yes, that should have been part of her  
3 on-boarding orientation in regards to that.

4 Q (By Mr. Hicks) Would there be any  
5 documentation, PowerPoints, you know, things of -- to  
6 show the substance of what would have been told to a new  
7 LPN like Ms. Foster, for example --

8 MR. WINTER: Same.

9 Q (By Mr. Hicks) -- regarding that prone  
10 restraint situation?

11 A I would have to review our orientation stuff  
12 from that time period, because I don't recall, off the  
13 top of my head, specifically what it talks about when it  
14 covers restraints.

15 Q Okay. But there -- there is substantive  
16 training that's provided in their packets or PowerPoints  
17 or things --

18 A We do discuss restraints with them, yes.

19 Q And that was back in 2019, as well?

20 A It should be, because it should be in here, as  
21 well, I think.

22 Q And I can look for it later --

23 A Yeah, I don't see it on here, but I know that  
24 it should be part of -- whenever we do our training and  
25 we go through that and our policies, I -- they -- I

Donna Roberts  
4/2/2024

Page: 98

1 mean, it should be covered with them.

2 But I don't see restraints specifically on  
3 here.

4 Q So -- and the reason you discussed that with  
5 the new hire and the new nurses would be so that if they  
6 encounter or witness, come upon, after the fact, a  
7 situation where a prone restraint is being used, they  
8 know what to look for to determine whether the  
9 individual is in a serious medical -- something bad is  
10 happening?

11 MR. WINTER: Same.

12 A Correct.

13 Q (By Mr. Hicks) So, as of November 7th, even if  
14 Ms. Foster was trained only on 10/2, by that point, she  
15 was aware of the things to look for to determine whether  
16 Ms. Tedder -- let me strike that.

17 She was -- per Turn Key's requirements for  
18 training, she should have been told what to look for to  
19 determine whether Ms. Tedder was suffering from some  
20 sort of a serious medical condition as a result of being  
21 in a prone restraint?

22 MR. WINTER: Same.

23 A I would think that, yes, that should have been  
24 covered in her orientation.

25 Q (By Mr. Hicks) And what would we be -- as VPO

Donna Roberts  
4/2/2024

Page: 100

1 know, if they see the patient is getting where they  
2 can't talk or they can't breathe. Those are the things  
3 that they should be looking for.

4 Q So if we have a patient who is obviously very  
5 verbal, very loud talking -- saying lots of stuff, who  
6 then goes silent, that should be a clue. True?

7 MR. WINTER: Form.

8 A It depends on the situation.

9 Q (By Mr. Hicks) The situation of a prone  
10 restraint, being held down with an officer on their  
11 back, and then we have a patient who's -- I'm going to  
12 go through a number of things, so it's not the only  
13 clue.

14 But we have a patient, you said they should  
15 recognize whether they're talking and they don't. So if  
16 we have someone who is in a prone restraint, an officer  
17 on their back, they have previously been very verbal,  
18 very loud, talking, and then, all of a sudden, they're  
19 silent. That should at least be kind of --

20 A Then that would trigger me to have --

21 Q -- a clue?

22 A -- someone try to talk to her, ask her some  
23 questions, is she still with us, you know, start  
24 gathering some information.

25 Q If they are making loud breathing noises, you

Donna Roberts  
4/2/2024

Page: 101

1 know, snorting sounds, and then, all of a sudden, there  
2 are no more breathing sounds, an LPN observing this,  
3 that would be another clue that maybe this person is in  
4 medical distress. True?

5 MR. WINTER: Form.

6 A Yes.

7 Q (By Mr. Hicks) If they're moving and fighting  
8 and then, all of the sudden, they're limp, they're not  
9 moving at all, their arms are just, you know --

10 A Uh-huh.

11 Q -- that would be -- and, again, we have an LPN  
12 observing this -- that would be another clue that that  
13 person could be in medical distress?

14 MR. WINTER: Same.

15 A Again, I would ask what they are seeing. Are  
16 they -- are they -- are they just tired? Did they just  
17 give up? Because sometimes they just work themselves up  
18 to a -- did they just quit? And then there's a  
19 difference of someone who quit because they're not  
20 breathing.

21 Q (By Mr. Hicks) Sure. But it's at least enough  
22 to trigger --

23 A Yes.

24 Q -- thinking that, and then trigger, as well,  
25 taking action to determine which it is?

Donna Roberts  
4/2/2024

Page: 102

1 A Yes.

2 MR. WINTER: Same.

3 Q (By Mr. Hicks) And we would at least want,  
4 expect our LPN to step up, under that circumstance, and  
5 say, "Hey, this person is -- they're not moving, they're  
6 not breathing, they're not saying noises, let's get them  
7 flipped over and figure out -- let's assess them or  
8 evaluate them," or whatever the correct word is. But,  
9 "Let's take a look at them." Right?

10 MR. WINTER: Same.

11 A Yes, I feel that's reasonable.

12 Q (By Mr. Hicks) And a failure to do that would  
13 be a violation of Turn Key's policies and practices, in  
14 your expectations, as the VPO at the time?

15 MR. WINTER: Same.

16 A Yes, I expect my nurses to -- if they see  
17 that, that they're to say something.

18 Q (By Mr. Hicks) Okay.

19 MR. HICKS: You got something --

20 MR. WINTER: Break?

21 MR. HICKS: Yeah.

22 (Recess was had from 12:44 p.m. to 12:58 p.m.)

23 Q (By Mr. Hicks) We're back on. Is there  
24 anything about your prior answer you want to change or  
25 state differently?

Donna Roberts  
4/2/2024

Page: 104

1 talking about the facts of what we're doing when I use  
2 the word, whether it be assess, evaluate.

3 A Okay.

4 Q I'm just trying to say take a look at, you  
5 know.

6 A Right.

7 Q Figure out what's going on.

8 A Uh-huh.

9 Q So we were talking about that.

10 Why is it important that that occur, that  
11 assessment for -- I know not the Nursing Practice Act  
12 assessment, but just that that evaluation occurs right  
13 there at that point?

14 A Why the pre-book occurs?

15 Q No. No, we're talking about -- we're in the  
16 prone restraint --

17 A Uh-huh.

18 Q -- we've witnessed certain things -- or  
19 certain things have occurred while we're there  
20 observing, we've asked, you know, as the LPN, if --  
21 whether the person is conscious, there's --

22 A Right.

23 Q -- questions of whether she's breathing. And  
24 we talked about the -- that the LPN should have said,  
25 "Hey, I need to take a look at this person. We need to

Donna Roberts  
4/2/2024

Page: 105

1 hold on."

2 Why is that important?

3 MR. WINTER: Form.

4 Q (By Mr. Hicks) And I guess I'll fill in the  
5 blank and see if you disagree with me.

6 I think it's important because it's to prevent  
7 death or serious injury to the person being restrained.

8 Do you agree with that?

9 MR. WINTER: Form.

10 A Yes.

11 Q (By Mr. Hicks) We want to make sure that this  
12 person is not going without oxygen, for example, for an  
13 extended period of time, due to being restrained in that  
14 way. True?

15 A True.

16 Q And so failing to do that -- well, strike  
17 that.

18 Now, moving forward with the situation,  
19 regardless of whether that occurred, say we get  
20 Ms. Tedder into a -- another room, we have her laid out,  
21 we -- what are you expecting your nurse to do at that  
22 point? Ms. Tedder, at this point, is still motionless  
23 and nonresponsive.

24 What's the next action that they should do,  
25 according to their training at Turn Key?

Donna Roberts  
4/2/2024

Page: 113

1 you know, just first-aid type stuff.

2 Q Uh-huh.

3 A Some of them will have, like, the CPR guard  
4 mask and it -- it comes with a -- a sheet of, you know,  
5 what we expect them to have in those bags.

6 Q Okay. In her deposition, Ms. Foster said she  
7 was going to go get a vital machine -- vitals machine.

8 A Uh-huh.

9 Q What is that?

10 A I would guess that she's either talking about  
11 what they call a nurse on a stick -- which is a machine  
12 that's on wheels that takes your blood pressure, your  
13 pulse, those kind of things.

14 I don't know if Creek County didn't -- or not  
15 Creek County -- Rogers, if they had that, or she was  
16 just talking about getting, like, an electronic vital  
17 sign machine, or she was just getting a blood pressure  
18 cuff and a stethoscope to do it manually.

19 But that's -- that's what she was referring  
20 to, was getting that.

21 Q Certainly you wouldn't want her to leave an  
22 unresponsive patient, who's not breathing and doesn't  
23 have a pulse, to get a vitals machine, unless she's  
24 directed someone else to begin CPR?

25 MR. WINTER: Form.

Donna Roberts  
4/2/2024

Page: 114

1           A     If there is an officer that is performing the  
2     CPR, then, yes, if she needs to go get that -- as long  
3     as she knows that they've started it and they're in the  
4     process of that and she needs that, then, yes, as long  
5     as that CPR has initiated and taken -- taken place.

6                 But it could have went either way, where she  
7     was doing CPR and directed the officer, either way. As  
8     long as CPR was being done, is what was important.

9                 In our smaller sites, where we don't have  
10   multiple nurses on -- on site, the detention officers do  
11   play a bigger role in, like, performing CPR and doing  
12   those things, because the nurse can't be everywhere,  
13   doing everything.

14           Q     (By Mr. Hicks) So, certainly, CPR is priority  
15   Number 1, getting the machine is priority Number 2?

16                 MR. WINTER: Form.

17           A     Correct.

18           Q     (By Mr. Hicks) And when you were VPO back  
19   then, what, if anything, was expected to be reported to  
20   you regarding whether a particular new hire is competent  
21   to perform their job functions?

22           A     When does a regional manager reach out to me  
23   about a -- a new employee?

24           Q     Yeah. Is there a requirement that the  
25   regional manager report up to you and say, "Hey, here's